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STATE/TERRITORY: NEW JERSEY

STATE PLAN AMENDMENT (SPA)#: NJ--13-0017-MM6

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form
- 3) Approved SPA pages

DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services New York Regional Office 26 Federal Plaza, Room 37-100 New York, NY 10278



DIVISION OF MEDICAID AND CHILDREN'S HEALTH OPERATIONS

February 5, 2014

Valarie Harr, Director State of New Jersey Department of Human Services Division of Medical Assistance and Health Services P.O. Box 712 Trenton, New Jersey 08625-0712

Dear Ms. Harr:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number NJ-13-0017-MM6. With this SPA, the State affirms citizenship regulations, specifies reasonable opportunities options, and specifies policy options related to immigrant eligibility in accordance to the Affordable Care Act.

Please be informed that this State Plan Amendment was approved on February 5, 2014 with an effective date of January 1, 2014.

We are enclosing the summary page (formerly CMS 179) and the amended plan pages.

Congratulations to you and your staff for your hard work and strong collaboration. If you have any questions, please contact Patricia Ryan at 212-616-2436 or <a href="mailto:Patricia.Ryan@cms.hhs.gov">Patricia.Ryan@cms.hhs.gov</a>.

Sincerely,

/s/

Michael Melendez Associate Regional Administrator Division of Medicaid and Children's Services New York Regional Office

Enclosure

### Medicaid State Plan Eligibility: Summary Page (CMS 179)

State/Territory name:

New Jersey

**Transmittal Number:** 

Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY = the last two digits of the submission year, and 0000 = a four digit number with leading zeros. The dashes must also be entered.

NJ-13-0017

**Proposed Effective Date** 

01/01/2014

(mm/dd/yyyy)

Federal Statute/Regulation Citation

1902(a)(46)(B); 8 USC 1611, 1612, 1613, and 1641; 1903(v)(2),(3) and (4); 42 CFR 435.4, 435.406, and 435.95

Federal Budget Impact

First Year

Second Year 2015

Federal Fiscal Year Amount
2014 \$ 0.00

\$0.00

Subject of Amendment

Non-financial elgibility-Citizenship and Non-Citizen Eligibility (S89)

Governor's Office Review

Governor's office reported no comment

Comments of Governor's office received

Describe:

No reply received within 45 days of submittal

Other, as specified

Describe:

Not required pursuant to section 7.4 of the State Plan.

Signature of State Agency Official

Submitted By:

Julie Hubbs

**Last Revision Date:** 

Dec 18, 2013

**Submit Date:** 

Nov 15, 2013



# **Medicaid Eligibility**

OMB Control Number 0938-1148

Page 1 of 3

OMB Expiration date: 10/31/2014	
Non-Pinancia (Blighillo) Cinzenship and Non-Cinzen Eligibility) — was a second	
1902(a)(46)(B)	
8 U.S.C. 1611, 1612, 1613, and 1641	
1903(v)(2),(3) and (4) 42 CFR 435.4	
42 CFR 435.406	
42 CFR 435.956	
Citizenship and Non-Citizen Eligibility	
The state provides Medicaid to citizens and nationals of the United States and certain non-citizens consistent with requirements of 42 CFR 435.406, including during a reasonable opportunity period pending verification of their citizenship, national status or satisfactory immigration status.	
The state provides Medicaid eligibility to otherwise eligible individuals:	
■ Who are citizens or nationals of the United States; and	
Who are qualified non-citizens as defined in section 431 of the Personal Responsibility and Work Opportunity  Reconciliation Act (PRWORA) (8 U.S.C. §1641), or whose eligibility is required by section 402(b) of PRWORA (8 U.S.C. §1612(b)) and is not prohibited by section 403 of PRWORA (8 U.S.C. §1613); and	
Who have declared themselves to be citizens or nationals of the United States, or an individual having satisfactory immigration status, during a reasonable opportunity period pending verification of their citizenship, nationality or satisfactory immigration status consistent with requirements of 1903(x), 1137(d), 1902(ee) of the SSA and 42 CFR 435.406, and 956.	
The reasonable opportunity period begins on and extends 90 days from the date the notice of reasonable opportunity is received by the individual.	
The agency provides for an extension of the reasonable opportunity period if the individual is making a good faith efforesolve any inconsistencies or obtain any necessary documentation, or the agency needs more time to complete the verification process.	
€ Yes C No	
The agency begins to furnish benefits to otherwise eligible individuals during the reasonable opportunity period on a dat earlier than the date the notice is received by the individual.	
<b>(►</b> Yes <b>(</b> No	
The date benefits are furnished is:	
The date of application containing the declaration of citizenship or immigration status.	
The date the reasonable opportunity notice is sent.	
Other date, as described:	

Effective Date: 01/01/2014 TN: 13-0017-MM6 Approval Date: 02/05/2014 **S89 New Jersey** 



# **Medicaid Eligibility**

The state provides Medicaid coverage to all Qualified Non-Citizens whose eligibility is not prohibited by section 403 of PRWORA (8 U.S.C. §1613).			
• Yes • No			
The state elects the option to provide Medicaid coverage to otherwise eligible individuals under 21 and pregnant women, lawfully residing in the United States, as provided in section 1903(v)(4) of the Act.			
• Yes • No			
□ Pregnant women			
☐ Individuals under age 21:			
♠ Individuals under age 21			
C Individuals under age 20			
C Individuals under age 19			
An individual is considered to be lawfully residing in the United States if he or she is lawfully present and otherwise meets the eligibility requirements in the state plan.			
An individual is considered to be lawfully present in the United States if he or she:			
1. Is a qualified non-citizen as defined in 8 U.S.C. 1641(b) and (c);			
2. Is a non-citizen in a valid nonimmigrant status, as defined in 8 U.S.C. 1101(a)(15) or otherwise under the immigration laws (a defined in 8 U.S.C. 1101(a)(17));			
3. Is a non-citizen who has been paroled into the United States in accordance with 8 U.S.C. 1182(d)(5) for less than 1 year, except for an individual paroled for prosecution, for deferred inspection or pending removal proceedings;			
4. Is a non-citizen who belongs to one of the following classes:			
■ Granted temporary resident status in accordance with 8 U.S.C. 1160 or 1255a, respectively;			
Granted Temporary Protected Status (TPS) in accordance with 8 U.S.C. §1254a, and individuals with pending applications for TPS who have been granted employment authorization;			
■ Granted employment authorization under 8 CFR 274a.12(c);			
Family Unity beneficiaries in accordance with section 301 of Pub. L. 101-649, as amended;			
■ Under Deferred Enforced Departure (DED) in accordance with a decision made by the President;			
■ Granted Deferred Action status;			
■ Granted an administrative stay of removal under 8 CFR 241;			
Beneficiary of approved visa petition who has a pending application for adjustment of status;			
5. Is an individual with a pending application for asylum under 8 U.S.C. 1158, or for withholding of removal under 8 U.S.C.1231, or under the Convention Against Torture who -			
Has been granted employment authorization; or			

Is under the age of 14 and has had an application pending for at least 180 days;

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Approval Date: 02/05/2014

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## **Medicaid Eligibility**

	6. Has been granted withholding of removal under the Convention Against Torture;	
	7. Is a child who has a pending application for Special Immigrant Juvenile status as described in 8 U.S.C. 1101(a)(27)(J);	
	<ul><li>8. Is lawfully present in American Samoa under the immigration laws of American Samoa; or</li><li>9. Is a victim of severe trafficking in persons, in accordance with the Victims of Trafficking and Violence Protection Act of 2000, Pub. L. 106-386, as amended (22 U.S.C. 7105(b));</li></ul>	
	10. Exception: An individual with deferred action under the Department of Homeland Security's deferred action for the childhood arrivals process, as described in the Secretary of Homeland Security's June 15, 2012 memorandum, shall not be considered to be lawfully present with respect to any of the above categories in paragraphs (1) through (9) of this definition.	
	☐ Other  The state assures that it provides limited Medicaid services for treatment of an emergency medical condition, not related to a organ transplant procedure, as defined in 1903(v)(3) of the SSA and implemented at 42 CFR 440.255, to the following individuals who meet all Medicaid eligibility requirements, except documentation of citizenship or satisfactory immigration status and/or present an SSN:	
<b>V</b>		
	Qualified non-citizens subject to the 5 year waiting period described in 8 U.S.C. 1613;	
	Non-qualified non-citizens, unless covered as a lawfully residing child or pregnant woman by the state under the option in accordance with 1903(v)(4) and implemented at 435.406(b).	

#### **PRA Disclosure Statement**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

TN: 13-0017-MM6 Approval Date: 02/05/2014 Effective Date: 01/01/2014

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# OFFICIAL STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT State of New Jersey

### ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)

Condition or Requirement

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13-0017-MA (NJ)

TN No: <u>13-0017</u>

Supersedes TN No. 09-04

Effective Date JAN 0 1 2014

Approval Date FEB 0 5 2014



ATTACHMENT 2.6-A Page 2b

# STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT State of New Jersey

# ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation()	•
Citation(s)	Condition on Day
	Condition or Requirement

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13-0017-MA (NJ)

TN No: <u>13-0017</u>

Effective Date JAN 0 1 2014

Supersedes TN No. 09-04

Approval Date FEB 0 5 2014

OFFICIAL

ATTACHMENT 2.6-A Page 2c

# STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT State of New Jersey

## ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)

Condition or Requirement

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13-0017-MA (NJ)

TN No: <u>13-0017</u>

**Effective Date** 

JAN 0 1 2014

Supersedes TN No. <u>09-04</u>

Approval Date

FEB 0 5 2014